FEC FORM 9



24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2009 FEB 19 A 10: 31

		<u> </u>	
1. Person Making the Disbursements/Obligation (a) Name			
AMERICAN RIGHTS AT	T WORK		
(b) Address (number and street)			
(c) City, State and ZIP Code Washington, DC 20036		C	
(d) Name of Employer or Principal Place of Business	(e) Occ	supation	
3. Is This Statement or	4. Covering Period	0 9 7 5 2008 through	
Mended Amended		09 21 2008	
5. (a) Date of Public Distribution(s)	2008 (b) Communica	ation Title See Saw MN	
6. The filer is a(n): (a) Individual (b) Uninc	***************************************		
(d) Corporation, Labor Organization or Qua	lified Nonprofit Corporation making o	ommunications under 11 CFR 114.15	
(e) Other, specify:		·	
7. If the filer is an individual, unincorporated were the disbursements made exclusively			
8. Custodian of Records			
(a) Name Kimberly Taylor			
(b) Address (number and street) 1100 17th Street, 1	NW Suite 950		
(c) City, State and ZIP Code Washington, DC 2 (d) Name of Employer or Principal Place of Business			
(d) Name of Employer or Principal Place of Business	(e) Occ	upation	
American Rights a	t Work Fi	nance Officer	
9. Total Donations This Statement	The second secon		
10. Total Disbursements/Obligations This Sta	tement	66950.00 been de martin met mente met	
Under penalty of perjury, I certify that this statemen	nt is true, correct and complete.	A F:	
TYPE OR PRINT NAME OF PERSON COMPLETING F	gmm Kimberly	02-10-2009	
SIGNATURE Similarly & H	CLMON_ DATE	02-10-2009	
NOTE: Submission of talse, error eous or incomplete i	information may subject the person signing this s	tatement to the penalties of 2 U.S.C. \$437a.	